

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix: Mr.	First Name: William	Middle Name:
	Last Name: McKain		Suffix:
Title:	County Manager		
Complete Address:			
Street1:	436 Grant Street		
Street2:			
City:	Pittsburgh	State:	PA: Pennsylvania
Zip / Postal Code:	15219	Country:	USA: UNITED STATES
Phone Number:	412-350-5300	Fax Number:	
E-mail Address:	William.McKain@alleghenycounty.us		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Keith	Middle Name:
	Last Name: Horner		Suffix:
Title:	Finance Manager		
Complete Address:			
Street1:	542 Fourth Avenue		
Street2:			
City:	Pittsburgh	State:	PA: Pennsylvania
Zip / Postal Code:	15219	Country:	USA: UNITED STATES
Phone Number:	412-578-8089	Fax Number:	
E-mail Address:	Keith.Horner@alleghenycounty.us		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix: Mr.	First Name: Keith	Middle Name:
	Last Name: Horner		Suffix:
Title:	Finance Manager		
Complete Address:			
Street1:	436 Grant Street		
Street2:			
City:	Pittsburgh	State:	PA: Pennsylvania
Zip / Postal Code:	15219	Country:	USA: UNITED STATES
Phone Number:	412-578-8089	Fax Number:	
E-mail Address:	Keith.Horner@alleghenycounty.us		

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: **First Name:** **Middle Name:**
Last Name: **Suffix:**
Title:

Complete Address:

Street1:
Street2:
City: **State:**
Zip / Postal Code: **Country:**
Phone Number: **Fax Number:**
E-mail Address: